

8367 PROVIDENCE RD

22708129

6/5/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
Barcode Font = IDAutomationHC39M

CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5741 A DATE: 7/14/93

TO 227-081-29 ☒ L ☒ CRT

SERIAL № 15680

Name of Owner David C. Matthews Juris.:

Address of Property 8367 Providence Rd.

Inspection Data:

Tank Material 1500

Total Length of Drainfield 600'

Number of Lines 6 @ 100'

Cover Depth 12"

Water Supply Source WELL

Distance to Water Source 100'

Excavation Inspected 7/12/93

Tank(s) Inspected 7/12/93

Wash Line Inspected —

High Water Alarm Inspected —

PLOT

Design: 1993 CONV, 1800 sqft, T, 12"G, CECIL SANDY GTR# 99

The undersigned has inspected the Septic Tank System described above, and certifies it has been

☒ installed or constructed ☐ altered or repaired

☐ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 10 NCAC 10A .1900, "Laws And Rules For Sanitary Sewage Collection, Treatment, And Disposal" in effect on the date of issuance of the permit. The issuance of this

☒ Certificate of Completion ☐ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 10 NCAC 10A .1900 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

COMMENTS: Type II-b

Andrew J. Newell, R.S.
Environmentalist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

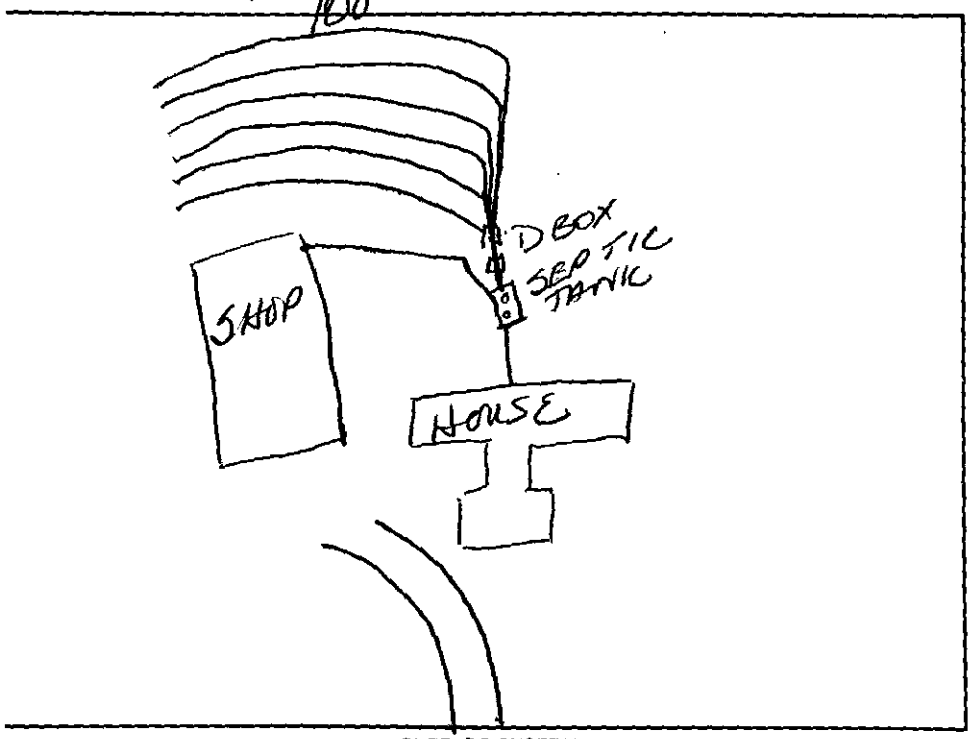
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5741 A DATE: 7/9/93

TC: 227-081-29 ☒ L

SERIAL Nº 15550

Permission is hereby given to ____ Install or Construct, ____ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 7/2/93. All work shall be completed on or before 8/2/93, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10H .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.



PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank ____ gallons

Tank Construction PVC

Absorption and/or Nitrification Lines:

Trench Width 3' feet

Total Line Length 600' feet

Number of Lines 6

Depth of Stone 12" inches

Distance from House 10' feet

Distance from Property Line 10' feet

Distance from Well ____ feet

NAME OF OWNER DAVID C. MATTHEWS

LOCATION OF PROPERTY 8367 PROVIDENCE Rd.

Comments: 1500 SEPTIC TANK ① 6 Lines @ 3' X 100' X 12"
② System to be installed on contour.
③ SHOP PLUMBING TO GO INTO SEPTIC TANK.

Division or Section Head

Jonathan Howell, R.S.
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Mecklenburg County Health Department in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER OR AGENT'S COPY

CHARLOTTE-MECKLENBURG BUILDING STANDARDS
PROJECT REVIEW DISCIPLINES

PROJECT INFORMATION

PROJECT NUMBER: 404-992872 **SUBMITTED DATE:** 05/10/93
PROJECT NAME: 8367 PROVIDENCE RD **PHS:** **SEC:** **TIME:** 03:22 PM

CONTACT NAME: D C MATTHEWS **PHONE #:** (704) 364-4817
TITLE: CONT **TYPE OF PERMIT:** FULL
S/F NO MASTER
COMMENTS: S/F NO MASTER / HEATED 6200/ UNHT 0/ 2 STORY BASEMENT

REVIEW DISCIPLINES

AGENCY	DISCIPLINE	CONTACT	PHONE	INITIALS
BUILDING STANDARDS	SINGLE FAMILY 'FULL'	MICHAEL BURKHARD	336-3836	

Septic Tank

NOTICE

OTHER APPROVALS/PERMITS MAY BE REQUIRED SUCH AS GRADING PERMITS, STORM WATER RETENTION, DETENTION AND COMMERCIAL DRAINAGE APPROVAL. PLEASE CHECK WITH THE ASSOCIATED ENGINEERING DEPARTMENT FOR ADDITIONAL INFORMATION.

YOU WILL BE NOTIFIED OF THE DISPOSITION OF YOUR PROJECT WITHIN 10 TO 15 WORKING DAYS. IF YOU MUST CALL CONCERNING THE STATUS OF A PROJECT, CALL 336-3836 AND ASK FOR APPROVAL STATUS OF THE PROJECT NUMBER ABOVE

ALL INDIVIDUALS SECURING BUILDING PERMITS MUST BE BONDED WITH MECKLENBURG COUNTY. PLEASE CONTACT THE ACCOUNTING DEPARTMENT AT 336-4317 FOR BOND REQUIREMENTS AND FURTHER INFORMATION.

CONTACT	DATE	COMMENTS	INITIALS

PROPOSED PLOT PLAN

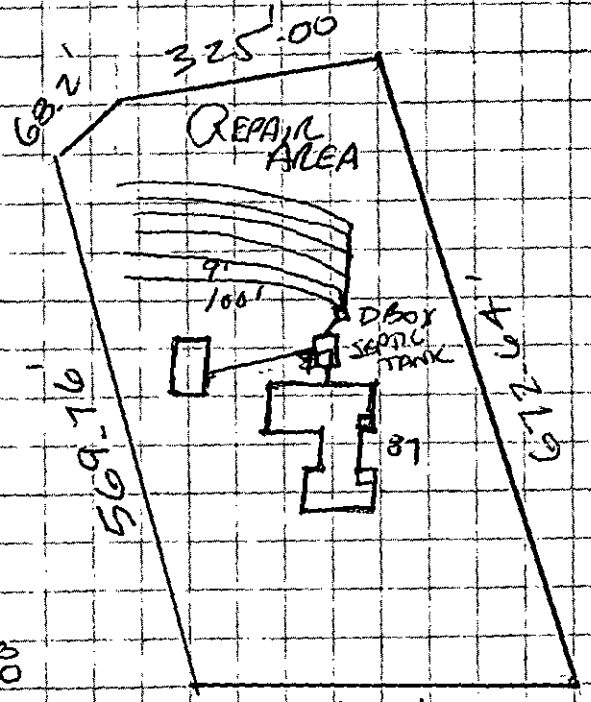
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: S741A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

TRACT B OF GREEN WOOD (MB 22 PG 196)
PARCEL # 227-081-29
8615 PROVIDENCE ROAD CHARLOTTE NC 28226
5.57 ACRES



TRACT "A"
5.01 ACRES

TRACT "C"
5.41 ACRES

PRIVATE DRIVE TO PROVIDENCE ROAD

COMMENTS:

1. 1500 SEPTIC TANK
2. 6 lines 3 X 100 X 12"
3. LINES SHALL BE INSTALLED ON CONTOUR.
4. PLUMBING FOR SHOP AND RESIDENCE SHALL BE PLUMBED INTO SEPTIC TANK
5. THERE SHALL BE NO CHANGES TO THE PERMIT.

APPROVAL DATE 4/20/93

White - Health Department's Copy Canary - Environmentalist's Copy Pink - Owner's Copy

Jose Transfer @ $150.00 Jose from 6/15/89 5741 A.

4007

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

PD 225.00 4/19/93 Cash CRT

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:
NAME: MATTHEWS (last) MARK (first) C (mi)
ADDRESS: 54 HAMPTON ROAD PHONE: (516) 2835647
CITY: SOUTHAMPTON STATE: NY ZIPCODE: 11968

Date: 4.19.93

PROPERTY OWNER:
NAME: MATTHEWS (last) DAVID (first) C (mi)
ADDRESS: GLENRIDGE RD PHONE: (703) 364 4817
CITY: CHARLOTTE STATE: N/C ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):
TAX/PARCEL NUMBER: 227-081-29
STREET ADDRESS: 8367 PROVIDENCE RD
ZONING:

Township (check one):
[X] 0 Mecklenburg County [ ] 2 Davidson [ ] 4 Pineville [ ] 6 Huntersville
[ ] 1 Charlotte [ ] 3 Cornelius [ ] 5 Matthews [ ] 7 Mint Hill

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

[ ] SOIL TEST - INDIVIDUAL LOT (D)
[ ] NEW CONSTRUCTION ON VACANT LOT - 4 BEDROOMS OR LESS (N)
[ ] EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
[ ] ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
[ ] COMMERCIAL OR INDUSTRIAL (N)
[ ] SOIL TEST DEVELOPMENT (P)
[ ] ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X)
[X] MODIFIED /ALTERNATIVE/ OR RESIDENCE > 4 BEDROOMS (Z)
[ ] REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
[ ] SINGLE MOBILE HOME (S) [X] HOUSE (H) [ ] MULTIPLE FAMILY (U)
[ ] DOUBLE WIDE (D) [ ] MODULAR HOME (M) [ ] OTHER _____ (O)

NUMBER BEDROOMS: 5 NUMBER OCCUPANTS: 6

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
[ ] Community (C) [ ] Shared Well (S)
[X] Municipal (M) [ ] Other 'spring' (O)
[ ] Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
[X] Swimming Pool [ ] Jacuzzi [ ] Stable/Barn [X] Workshop [ ] None
[ ] Garage [ ] Storage Building [ ] Deck/Patio [ ] Bedrooms [ ] Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: _____ Date: 4/19/93

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

...Improvement permit issued.

[X] IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
[ ] MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
[ ] ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE

_____ David H Ewell, RS 4/20/93
Environmentalist Date

_____ Judy G Kuei RS 4/22/93
Director or Authorized Section Head Date

WWATER : 122791

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 6/7/89

Name/Company Herman Moore

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: I.P. New
8615 Providence Rd
_____
_____

File # 5741 A

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

JUN 7 1989

CR# 11321

Fee: $ 150.00 7/5/89

J. Abernethy
Completed by

Collected by

DATE: May 31, 1989

TO: HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH

FROM: COUNTY ENGINEERING

EHD FILE 5741A JURISDICTION CODE Meck

PARCEL NUMBER 227-081-29 Rwb

ASSIGNED ADDRESS 9615 Providence Rd. Rwb ~~Charlotte NC 28226~~

EXISTING ADDRESS

PROJECT NAME ~~Greenwood~~ N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

	APPROVED	NOT APPROVED
1. SUBDIVISION REGULATIONS	☑	☐ *
2. FLOODWAY REGULATIONS	☐	☐ *
3. EROSION CONTROL REGULATIONS	☐	☐ *
4. COMMERCIAL DRAINAGE PLAN	☐	☐ *

	PRESENT	NOT PRESENT
5. PUBLIC UTILITY EASEMENT	☐ *	☑
	YES	NO
6. PROPERTY FRONTS ON THOROUGHFARE	☐ *	☑
	YES	NO
7. DRIVEWAY PERMIT REQUIRED	☐ *	☑

*** If checked, further investigation will be required to determine whether a building permit may be issued by Building Standards for the site.**

REMARKS: Septic tank

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIERS OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.
A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAY(S).

SIGNED: Rwb

OPWEAR 02/86

PROPOSED PLOT PLAN

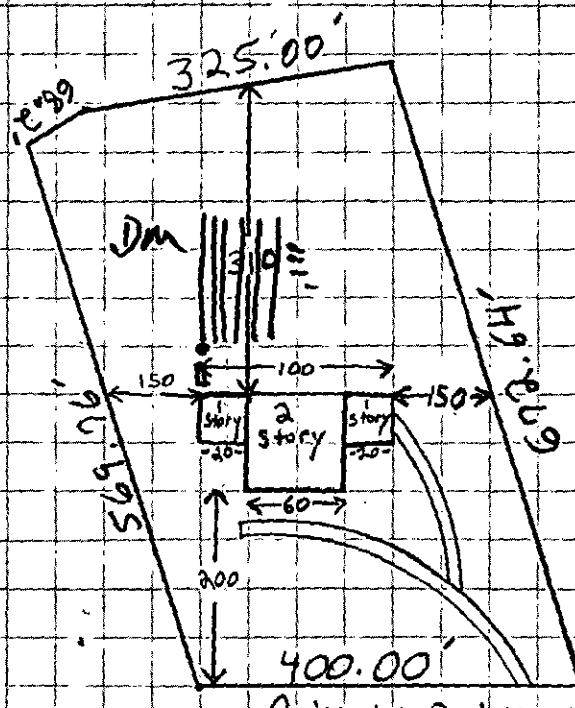
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 5741A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries, proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.

Tract "B" of Greenwood (MB 22 Pg 196)
Parcel # 227-081-29
8615 Providence Road Charlotte NC 28226
1500 Septic Tank 5.57 Acres
6 ~~trenches~~ DM 111' each



Signed: R C Matthews

Date: May 31, 1989

APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 5741A
TC:
SERIAL: № 18573

Transferred A 95-00 04/19/93 ☐ L ☐ CRT

JOB LOCATION

① ADDRESS: 8615 Providence Road Charlotte 28226 (STREET NO. / STREET) ② FILE: 5741A
③ JURISDICTION: ④ TAX PARCEL NO.: 227-081-29
⑤ SUBDIVISION: Greenwood ⑥ LOT: Tract B ⑦ BLOCK:

OWNER

⑧ NAME: David (FIRST) C. (MIDDLE) Matthews, M.D. (LAST)
⑨ MAILING ADDRESS: Charlotte Plastic Surgery 2215 Randolph Road
⑩ CITY: Charlotte ⑪ STATE: NC ⑫ ZIP: 28207
⑬ PHONE: (WORK) 372-6846 ⑭ (HOME) 364-4817

REQUEST

This request is for a(n):

⑮ ☒ New permit
⑯ ☐ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

DESIGN CRITERIA

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? Five ㉕ Type?
㉓ Maximum occupancy? Five ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

WATER SUPPLY

㉘ Water supply from (present or proposed):

A ☐ Individual well
B ☒ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: DC Matthews
Date: MAY 31, 1989

IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Environmentalist / Date

Director or Authorized Section Head 6-15-89 Date

This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.

Mecklenburg County
Health Department

Basil G. Delta, M.D., M.P.H.
Health Director

May 30th, 1989

NCNB Trustee V/W Herman A. Moore
NCNB Trust Real Estate T-11-5
Charlotte, NC 28255

RE: Property located at Providence Road
FILE: 5741A
PARCEL: 22708129 PO

Dear Sir:

At your request, a field investigation was conducted on the property designated above for the purpose of determining site suitability for the installation of a ground absorption sewage disposal system. Results of the investigation revealed that the lot contains soils which have been classified as PROVISIONALLY SUITABLE in accordance with the provisions of 10 NCAC 10A .1900. A copy of the Site Evaluation Report (Serial Number 16166) deliniating the soil types and their respective classifications is enclosed.

While this classification indicates the site is acceptable for the installation of a septic tank system, no specific system or plans have been approved. The area available for such an installation may impose limitations on the size and/or type construction permitted on the lot. Specific plan approval will be provided upon submission of an Application For An Improvement Permit with an ACCURATELY dimensioned plot plan detailing the location of current and/or proposed buildings, wells and sewage disposal systems and determination that the area is adequate to accomodate the proposed construction.

Please note that this classification may be revoked if any filling, grading or construction (including the drilling of a well) is performed on the lot which in the opinion of this Department renders any area previously designated suitable for system installation, unsuitable. Futhermore, this approval may be revoked should any changes occur in the regulations under which it was granted, if such changes would have prevented its approval had they been in effect on the date of issuance.

If there are any questions concerning this matter, do not hesitate to contact me.

Very truly yours,

Jim Ericson, R.S., Supervisor
On Premises Waste Disposal & Water Supply

Enclosure

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
SITE EVALUATION REPORT
SERIAL NUMBER 16166

File: 5741A
Parcel: 22708129 PO
Action 4
☐ PC

Location: Providence Road

Subdivision:

Lot: Block: Acres: Approx 1.0 inv.

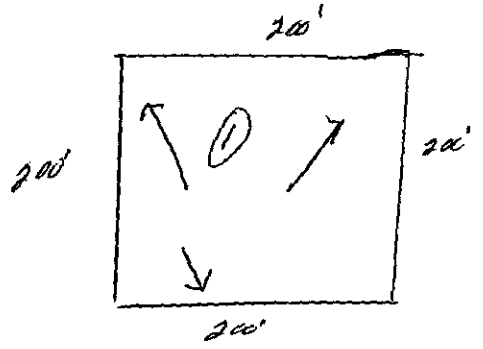
Owner: NCNB Trustee V/W Herman A. Moore
Address: NCNB Trust Real Estate T-11-5
Charlotte, NC 28255

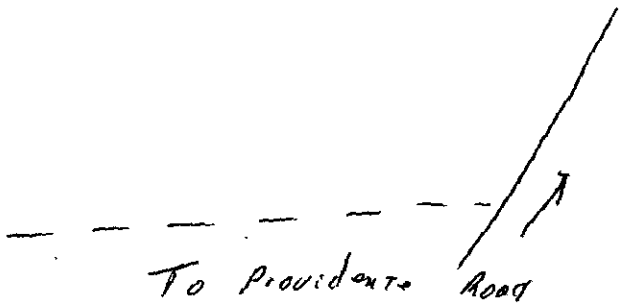
Comments: _____

Described by: William A. Marks

Date: 5 30 89

Dimensions Approx





***** EVALUATION KEY *****

S = Suitable U = Unsuitable
PS = Provisionally Suitable
The "Area Classification" below indicates the suitability of areas in the diagram.

FACTORS	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6
Topography	(S) PS U 6-15%	S PS U	S PS U	S PS U	S PS U	S PS U
Texture	S (PS) U Clay	S PS U	S PS U	S PS U	S PS U	S PS U
Structure	S (PS) U Blocky	S PS U	S PS U	S PS U	S PS U	S PS U
Drainage	S (PS) U >36" To Water	S PS U	S PS U	S PS U	S PS U	S PS U
Depth	S (PS) U 36-40"	S PS U	S PS U	S PS U	S PS U	S PS U
Restrictive Horizons	S (PS) U >36"	S PS U	S PS U	S PS U	S PS U	S PS U
Available Space	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U
Other (specify)	S PS U	S PS U	S PS U	S PS U	S PS U	S PS U
Soil Group/Series	10A Cecil-Lilla					
Area Classification	S (PS) U	S PS U	S PS U	S PS U	S PS U	S PS U

TO: ENVIRONMENTAL HEALTH DEPT.
BUILDING STANDARDS DEPT.
DEPT. OF ENVIRONMENTAL PROTECTION/
SOLID AND HAZARDOUS WASTE

DATE: 4/19/93

FROM: COUNTY ENGINEERING DEPARTMENT

EHD FILE _____ JURISDICTION CODE Meck

PARCEL NUMBER 227-081-29

ASSIGNED ADDRESS 8367 Providence Rd

EXISTING ADDRESS 8615 Providence Rd

PROJECT NAME N/A

THE ABOVE DESCRIBED LOCATION HAS BEEN CHECKED CONCERNING:

		APPROVED	DISAPPROVED
1.	SUBDIVISION REGULATIONS		*
2.	FLOODWAY REGULATIONS		*
3.	EROSION CONTROL REGULATIONS		*
4.	PUBLIC UTILITY EASEMENT		*

		PRESENT	NOT PRESENT
5.	PUBLIC UTILITY EASEMENT	*	
6.	PROPERTY FRONTS ON THOROUGHFARE	*	
7.	DRIVEWAY PERMIT REQUIRED	*	

*If checked, further investigation will be required to determine whether a building permit can be issued by Building Standards for the site.

REMARKS: Lot Improvement

NOTE: THIS FORM MUST BE TURNED IN AT THE CASHIER'S OFFICE AT BUILDING STANDARDS WHEN PAYING PERMIT FEES.

A CERTIFICATE OF OCCUPANCY WILL NOT BE GRANTED UNTIL THE TRANSPORTATION DIVISION GRANTS FINAL APPROVAL ON DRIVEWAYS.

SIGNED: Kuk

OPWEAR 06-88

NEW ADDRESS _____*

FORM 100

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

CHARGE SLIP

Date 5/11/89

Name/Company NCNB

Sanitation _____

Vector Control _____

O.P.W.D. ✓

Service: Soil test
5741A
Lawn

MECKLENBURG COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAID

MAY 11 1989

CO2 + C9 - 529905

Fee: $ 30.00 71.20

Completed by

Collected by

APPLICATION FOR SOIL INVESTIGATION

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

(OFFICE USE ONLY)

RECEIVED
MECKLENBURG COUNTY
HEALTH DEPT.

FILE: 5741A

TC: MAY 1 1989

☑ PC ☐ REPT

ENVIRONMENTAL HEALTH DIVISION

JOB LOCATION

① ADDRESS: Providence Road

② SUBDIVISION: Greenwood MB 22 Page 96 ③ LOT: Tract "B" ④ BLOCK: N/A

⑤ PARCEL REFERENCE: BOOK NO.: 227 PAGE NO.: 081 PARCEL NO.: 29

⑥ DEED REFERENCE: BOOK NO.: 1946 PAGE NO.: 443

OWNER

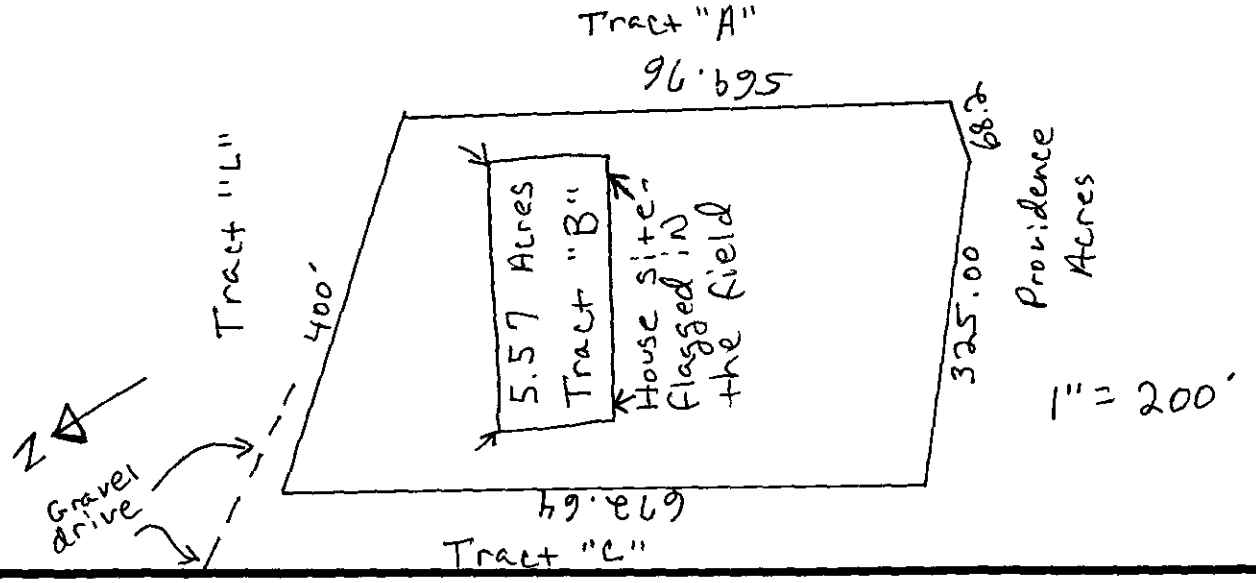
⑦ NAME: NCNB Trustee U/W Herman A. Moore
(FIRST) (MIDDLE) (LAST)

⑧ MAILING ADDRESS: NCNB Trust Real Estate T-11-5 Attn: Lyn Richardson

⑨ CITY: Charlotte ⑩ STATE: NC ⑪ ZIP: 28255

⑫ PHONE: (WORK) 704-374-8791 (HOME) 704-332-8436

⑬ Accurately diagram and dimension lot.



⑭ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

NCNB National Bank of NC, Trustee Under W/11 of ~~Herx~~ Herman A. Moore

(Corporate Seal)

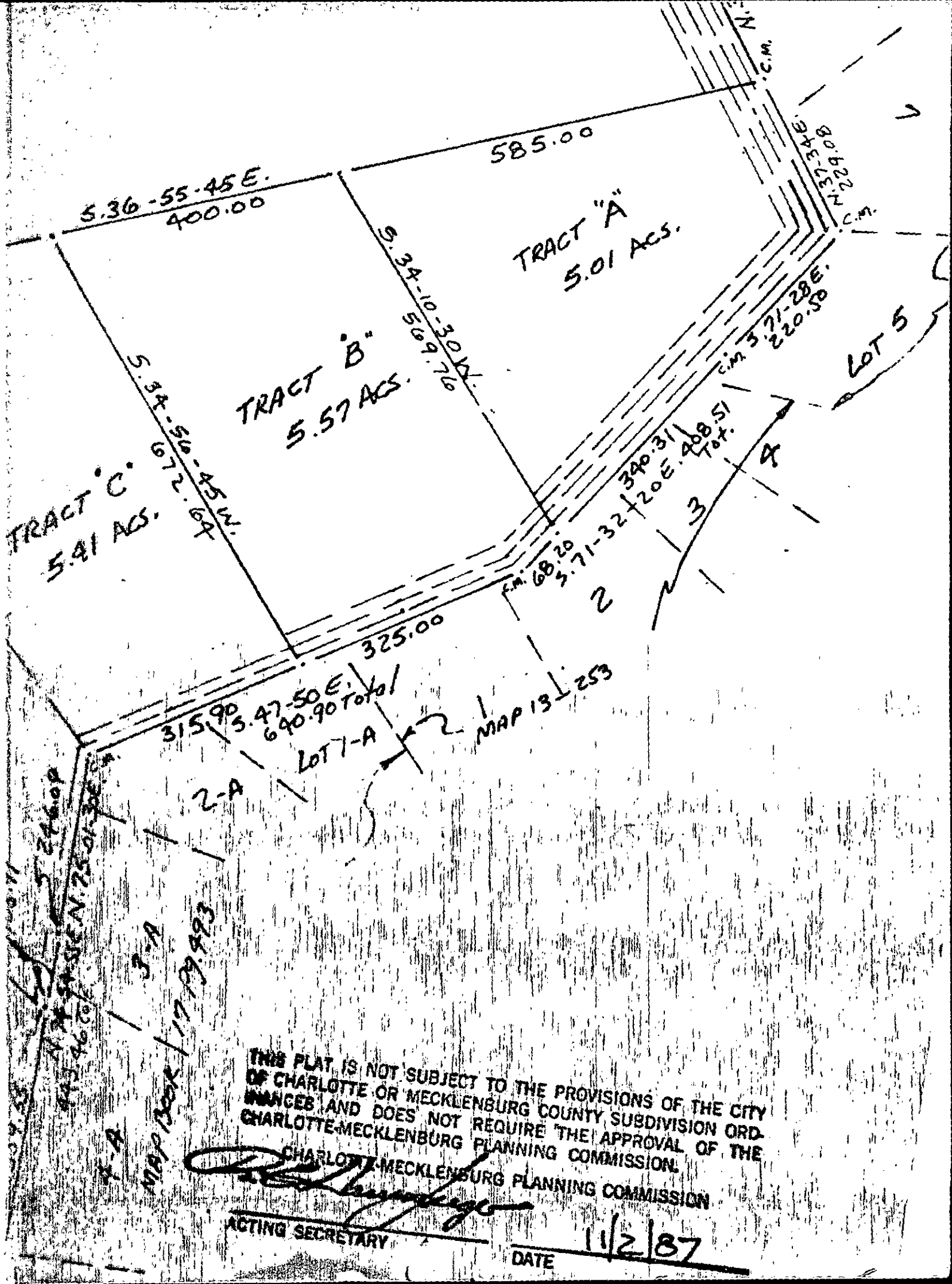
ATTEST: D. Richard Richardson Jr.
Assistant Secretary

Signed: Charles M Eldredge
Vice President

Date: May 10, 1989

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

WHITE - HEALTH DEPARTMENT'S COPY • CANARY - ENVIRONMENTALIST'S COPY • PINK - OWNER'S COPY


585.00
S.36-55-45E.
400.00
TRACT "A"
5.01 ACS.
S.34-10-30W.
569.76
TRACT "B"
5.57 ACS.
S.34-56-45W.
672.64
TRACT "C"
5.41 ACS.
C.M.
N.37-34E.
229.08
C.M.
C.M. 371-28E.
220.50
LOT 5
C.M. 68.20
371-32+20E. 340.31
Tot. 408.51
4
3
2
325.00
315.90
S.47-50E.
640.90 Total
LOT 1-A
2
MAP 13 253
2-A
3-A
4-A
MAP 13 253
THIS PLAT IS NOT SUBJECT TO THE PROVISIONS OF THE CITY OF CHARLOTTE OR MECKLENBURG COUNTY SUBDIVISION ORDINANCES AND DOES NOT REQUIRE THE APPROVAL OF THE CHARLOTTE-MECKLENBURG PLANNING COMMISSION.
CHARLOTTE-MECKLENBURG PLANNING COMMISSION
ACTING SECRETARY
DATE
11/2/87